

FOSTER PARENT INSURANCE PROGRAM CLAIM OF LOSS OR DAMAGE

Use of form: Completion of this form is required before a claim for foster parent insurance (s.48.627) can be made to the Department.

Instructions: In order for any claim to be considered for payment, the foster parent must complete the Circumstances of Loss or Damage and Itemization of Loss or Damage sections of this form. If theft is involved, a copy of the police report must be attached. *Social Security Number is voluntary and will be used for identification purposes only if payment is made.

Name of foster parent	Amount of claim
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Address of foster parent (street/city/state/Zip)

Telephone number - home ()	Telephone number - work ()
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Name of child placing agency

List the name and age of each foster child who contributed to the loss or damage.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of person who suffered loss (if other than foster parent)	Relationship to foster parent
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Address of person who suffered loss (street/city/state/Zip)

Check the type of insurance carried by the foster parent: ☐ Homeowner ☐ Renter ☐ Medical ☐ Vehicle

Date of loss or damage ____/____/____ (mm/dd/yyyy)	If loss or damage occurred over a period of time, list beginning and end dates. From: ____/____/____ To: ____/____/____ (mm/dd/yyyy) (mm/dd/yyyy)
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If insured, will payment be made? ☐ Yes ☐ No If "Yes", payment amount: _____

Attach documentation from insurance company which verifies payment or denial.

Was there a waiver of the homeowners or renters liability insurance requirement? ☐ Yes ☐ No

If "Yes", attach a copy of the waiver.

I hereby certify that all statements and information provided are true and correct to the best of my ability and that the loss or damage claimed actually occurred. I understand that the placing agency or representatives of the Wisconsin Department of Health and Family Services will verify this claim and may contact any parties involved. I understand that I may only claim for loss or damage not covered by any other insurance. I further understand that there is a deductible per state fiscal year (July 1 - June 30).

SIGNATURE - Foster Parent

*Social Security Number

Date Signed

B. STATEMENT OF CIRCUMSTANCES FOR LOSS OR DAMAGE

Explain how the loss or damage occurred and who was involved. If theft was involved, a copy of the police report must accompany your claim.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

List each item, the date the loss or damage occurred, and the replacement cost for which you are submitting a claim. If you need more space, continue on a separate sheet of paper using the same format. Sales receipts, estimates or other documentation for each item listed must be attached.

[illegible]

TOTAL COST: